

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588907

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5						
6		(1)				
7		(1)				
8		(1)				
9						
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11		(1)				
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19		(1)				
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21		(1)				
22		(1)				
23			1			
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46						
47						
48						
49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	23	←	21	←		←
TOTAL CLAIMS	24		22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						